



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0670	1	Heart Butte Elem	37	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		Box 259	
Printed Name of Authorized Official		City	Zip Code
		Heart Butte	59448
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0671	2	Dupuyer Elem	37	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 149	
Printed Name of Authorized Official		City	Zip Code
		Dupuyer	594320149
Title		Date	

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Helena, MT 59620-2501

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0674	10	Conrad Elem	37	EL

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	215 South Maryland	
Printed Name of Authorized Official	City	Zip Code
	Conrad	59425
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0675	10	Conrad H S	37	HS

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		215 South Maryland	
Printed Name of Authorized Official		City	Zip Code
		Conrad	59425
Title		Date	

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0679	18	Valier Elem	37	EL

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 528	
Printed Name of Authorized Official	City	Zip Code
	Valier	59486
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0680	18	Valier H S	37	HS

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		PO Box 528	
Printed Name of Authorized Official		City	Zip Code
		Valier	59486
Title		Date	

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0682	19	Brady K-12 Schools	37	K12

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		Box 166	
Printed Name of Authorized Official		City	Zip Code
		Brady	59416
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Linda McCulloch, Superintendent
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CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0684	31	Miami Elem	37	EL

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		617 South Delaware Street	
Printed Name of Authorized Official		City	Zip Code
		Conrad	594252510
Title		Date	

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Helena, MT 59620-2501

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Linda McCulloch, Superintendent
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1226	1	Heart Butte H S	37	HS

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		Box 259	
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		Heart Butte	59448
Title		Date	

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